



Atty Docket No. 02307K-085041US

PTO FAX NO.: 415-576-8300

ATTENTION: Examiner Kolker, Daniele

Group Art Unit 1649

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER Kolker, Daniele**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Charo et al., Application No. 10/791,166, filed March 1, 2004 for MAMMALIAN MONOCYTE CHEMOATTRACTANT PROTEIN RECEPTORS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

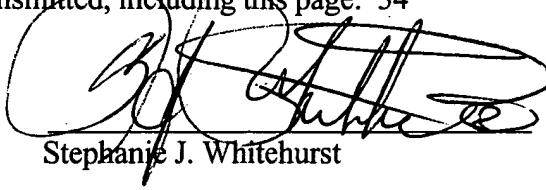
Documents Attached

1. Amendment w/3 references
2. Petition for Extension of Time Under 37 CFR 1.136(a)



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Dated: March 17, 2006

  
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2665


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

49

Application Number	10/791,166
Filing Date	March 1, 2004
First Named Inventor	Charo, Israel F.
Art Unit	1649
Examiner Name	Kolker, Daniel
Attorney Docket Number	02307K-085041US

Total Number of Pages in This Submission

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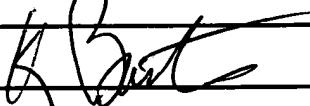
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**ENCLOSURES (Check all that apply)**

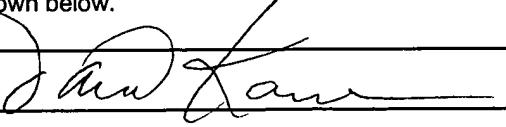
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply filed 03/17/06	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard; Request for Continued Examination with fee authorization (1 pg., 2 copies); attachments to Amendment: Koch et al.; Boring et al.; Jones et al.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kevin Bastian		
Date	05/18/2006	Reg. No.	34,774

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03/17/2006 16:33 FAX 415 576 0300	TOWNSEND & TOWNSEND & CREW LLP	0001/034
Atty Docket No. 02307K-085041US		
PTO FAX NO.: 1-571-273-8300	Group Art Unit 1649	
ATTENTION: Examiner Kolker, Daniele		
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